

REFERENCES

Names, addresses, and occupations of three people as your own references:

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Have you ever been convicted of a felony? Yes No

If yes, list all such cases below:

Should your employment with the above named school be terminated for any reason, do you agree to immediately return to the school the representative registration card for which you are applying, or any subsequent renewals thereof?

Yes No

Has any registration which was issued to you by this board ever been revoked for cause? Yes No

Are you completely familiar with the requirements and limitations of the Kansas Proprietary School Act (K.S.A. 72-4916 et seq) and Rules and Regulations? Yes No

AFFIDAVIT OF APPLICANT (REPRESENTATIVE)

STATE OF _____

COUNTY OF _____

_____ (Name) being duly sworn, deposes and says that he/she is the applicant named above; that he/she has read the foregoing application and that the statements herein are true to the best of his/her knowledge, information and belief.

Signature of applicant: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 20_____.

Notary Public County State

My commission expires _____

PART II- TO BE COMPLETED BY RESPONSIBLE OFFICIAL OF THE SCHOOL

Name of Applicant _____

Subject to possession of the representative's registration for which application is being made, will the applicant named above be employed by your school to enroll students in Kansas? Yes No

Should the applicant's employment with the school be terminated, do you agree to return to us, at the earliest possible date, the representative's registration? Yes No

Signature of Responsible Official of School Title

Name of School Date

FEE SCHEDULE

PLEASE CALL 785-296-3422 FOR CURRENT FEE SCHEDULE